HEBS Young People and Health Initiative

Young people's self identified health needs

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Key issues

The following key issues are identified:

- The case for research which elicits authentic qualitative accounts from young people about health and health risk behaviours is already made, but methods for researching these are often not well-developed

- Many studies have shown young people's knowledge base about maintaining their own health to be adequate or even high. This fact is overridden by the social context in which health behaviours are often acted out, so that knowledge may not be the most salient attribute at a point of choice

- Many health behaviours reflect young people's desire to act autonomously within lives which are far more constrained and under surveillance than those of previous generations

- Young people value approaches which address them as individuals and/or which take account of their life situations. Approaches designed for young people as a whole are seen as less relevant or even patronising and insulting. More attention needs to be paid to gender, class, age and ethnicity in discussing health promotion approaches and responses to them by young people

- Young people's legitimate views and concerns are often dismissed or go unheard by service providers and others because of dominant professional discourses about adolescence as a transition period, or as a time of storm and stress

- Young people often expressed views about their powerlessness and about the need for others to take an advocacy role on their behalf, e.g. in improving urban environments available to them for recreation, in making rural health facilities more confidential and anonymous

- The need to 'fit in', is a strong driver in young people's lives, but coercive peer pressure to undertake health risk behaviours seems less important than the evidence that young people make active choices about friendship groups and their characteristics

- Many experimental brushes with health risk behaviours represent ways of trying on identities. New currents in society encourage them to have fragmented and transitory identities, and to experiment with the presentation of themselves to others

- Young people in rural areas of Scotland find it very difficult to experiment in the same way in adolescence. Their behaviour in small communities is more open to scrutiny, and many young people feel alienated from their childhood communities, and they may also experience great difficulties in accessing confidential health advice and services

1. Introduction

This review looks at recent (mainly post 1997) qualitative research undertaken with young people in the age range 11-25 years, and concentrates on those pieces of work which give voice to young people's own concerns about their health and wellbeing. In selecting material we were asked to concentrate on work which focused on researching *with* rather than *on* young people. Though we have referred to work done elsewhere we have also concentrated on work which had a Scottish or at least a UK focus.

In collating and reviewing this body of work, we have excluded material which:

- Was collected in survey form
- Was primarily quantitative in tone
- Was collected with respect to a child sample rather than a young person sample
- Dealt with young people's views on health policy and health service provision
- Dealt with acute or chronic illness *per se*.

This last parameter perhaps justifies a further sentence of explanation. We see the main purpose of the review as serving to guide programme development and research for health promotion work, and we have thus concentrated on health behaviours, health promoting environments and lifestyle issues.

The body of work that fits strictly within these parameters is not huge. It does, however, show a rising trend, with much of it appearing in print in the last few years, not least as a consequence of some of the major research programmes funded by ESRC and the Joseph Rowntree Foundation amongst others. In many of the sections that follow work identified as fitting these criteria is discussed with reference to other pieces of research clearly undertaken in a different vein. The review of so many disparate areas can hardly be comprehensive. We apologise for omissions and look forward to being corrected, but we hope that in compiling this review we manage to pull out the main strands of thinking that have emerged when young people's own accounts have been allowed to be heard.

Much attention has turned in recent years to different conceptions of childhood and youth. Both age groups are now much more likely to be cast as active rather than passive agents, as 'beings' rather than 'becomings' (James *et al* 1998). Academic texts have put forward a powerful case for recognising children's competence, overturning many of the old developmental models about childhood and adolescence which posited these groups as dependent, in need of protection and without a coherent voice of their own. Such analyses make a cogent case for young people's voices to be heard. To this is added the necessity in policy circles (following the UK decision to become a signatory to the UN Convention on the Rights of the Child) to give children the right to a voice in matters which concern their welfare. We now see this right being played out through the establishment of consultative groups and fora in local authorities, in health services planning and so on. Children and young people are now seen as 'expert witnesses' on their own lives, who may have valuable

insights to offer that might be useful to those delivering and developing services for young people (Davie *et al* 1996).

It is clear that rhetoric has run ahead of method in many cases, however. In practice and policy settings many professionals concede the principle but lack the knowledge, the methods and the personal skills which allow young people greater levels of participation or which allow their voices to be heard. We cannot be complacent in academic circles, however, as we witness some equally clumsy efforts to get at young people's own views. Allowing young people to speak with authentic voices often implies the use of very different strategies and techniques for fieldwork, as well as serious attention to ethics in research encounters (Shucksmith 2002).

One of the first principles in undertaking such work centres on the necessity of using young people's own saliences to generate categories and headings. Ironically we cannot do that here, focusing as we do on reviewing at second hand other people's research. Instead this review is focused around classic health promotion categories, though within each we have stretched the boundaries in ways that seen to make sense according to young people's perspectives.

This brings us to a second principle which it is well to remember in work with young people, namely the necessity to look at them not as a homogeneous and lumpen mass, but to have regard for the range of lives lived by young people. We thus take care to look across the samples used here and to highlight issues to do with age, gender, class, race, sexual orientation and to look carefully at work undertaken with particularly vulnerable groups. Tragically, the abbreviated nature of this review also precludes the inclusion of young people's own voices, except at second-hand.

2. Diet, eating and body image

Young people - like the rest of us – spend their lives being told by other people what is good for them in this regard. Not many have any difficulty reciting back the current health promotion mantras about both diet and nutrition, but this seems to have little effect on their intentions or compliance with such good advice. Young people's diets - high on junk food and low on fruit and vegetables (Bull 1988; DHSS 1989; Anderson *et al* 1993) - are often viewed with horror by nutritionists and attempts made to remedy this by giving better nutritional advice. But health behaviours are acted out in the social sphere and are thus not subject only to rational patterns of thought and choice.

Overriding priorities may take the form of peer pressure, the desire not to offend or contradict adults, or may reflect the fact that many such behaviours have a symbolic function that goes beyond the act itself. In a study of young people's conceptualisation of food and eating, Watt and Sheilham (1997) found that food habits had a meaning that went well beyond taste and calorific intake to a sample of 13 and 14 year olds. They discovered that when asked to group food and drinks, young people of this age readily identified and labelled a distinction between 'fast food' and 'healthy food'. These labels bore no relation to the actual length of time spent in food preparation or even to a realistic assessment of their nutritional merits. They reflected instead a distinction between food made and eaten at home and food

eaten ‘on the hoof’ in cafes or in the street which was eaten as part of the process of socialising with peers. Finnish youngsters had come up with a similar distinction in an earlier study by Prattala (1989), and work with older Canadian adolescent women also confirms this finding (Chapman and Maclean 1993).

Work done by James (1981), Rousseau (1983) and Ross (1995) with primary school children produced a distinction between ‘adult’ foods and ‘children’s foods’ that was characterised by the symbolic significance of sweet things. In this study, fast foods appear to perform the same function for adolescents. Watt and Sheilham comment that this may not be unrelated to the power of the advertising world and the multinational food corporations to segment and target the market for their products.

Young people were not misled, however, into thinking that fast food was good for them. They gave clear accounts of the nutritional value, levels of fat and so on contained within different foodstuffs. This did not, however, override the other characteristics contained within such food at a symbolic level.

The fact that their eating patterns brought them into conflict with parents was significant in making such foods appear extra attractive to young people in Watt and Sheilham’s study, but it was not sheer perverseness that caused young people to seek out these foods. Cheap and instant, fast foods allowed young people to feel that they had control over their own eating habits, and they were thus seen as a way of demonstrating their independence. This crucial function of food eaten by young people was one that the authors felt should be more readily acknowledged by health promoters aiming to improve young people’s diets.

Shucksmith and Hendry (1998) noted how often in their study diet and eating patterns were coupled for young people with worries about weight and body image. Diet and nutrition were far more often linked to issues of appearance than to health. Tiggeman *et al* (2000) used a focus group methodology to explore with adolescent (16 years old) Australian girls what they felt about their bodies and their weight. Most previous work on this topic had taken a quantitative or survey approach (an exception is the work of Wertheim *et al* 1998). Tiggeman *et al’s* findings are in accord with current theorising, i.e. the girls identified a variety of sociocultural influences as determinants of their wish to be thinner, including the media, the fashion industry, and pressure from their peers. More psychodynamic motivations included the need to achieve a sense of control. The qualitative work allowed the researchers to see that the girls’ understanding of the media barrage to which they were subject was quite sophisticated, and that they were able to explicitly articulate the normative pressures on them. They understood well how they were manipulated, acknowledged that though they equated thinness with attractiveness, men often preferred slightly more voluptuous women and so on. The groups also did not appear to be as dissatisfied with their bodies as previously assumed. The authors conclude that their results help to make sense of why many eating disorder preventative programmes have been so ineffective. Girls already have a clear and reflexive understanding of their body image and the ways in which it is manipulated. The authors conclude that ‘education’ type approaches are unlikely to change the way girls think or feel, though they do feel that there may be mileage in pursuing group based interventions.

In concluding this section one is inevitably struck by the paucity of material available. Plenty of material exists based on psychometric testing, self-completion surveys and so on, but relatively little that starts from young people's perspective and uses appropriate qualitative methods which bring out young people's saliences. So far the meagre picture that we have from these sources does not allow us to shade in the differences between genders, ages, ethnic and socio-economic backgrounds and so on regarding the relationship to food, eating and body image.

3. Exercise, fitness and spaces to 'play'

Studies on young people's habits and attitudes to exercise, that other main plank in maintaining fitness, show similar features, namely high levels of knowledge about the benefits of exercise, coupled with an unwillingness to put such ideas into practice due to a multitude of competing agendas. Drivers that encourage active engagement with exercise include playing with a team, with other friends or engaging in sports in which young people feel competent (Orme 1991; Coakley and White 1992; Mason 1995). Membership of a friendship group can have a major effect on levels of activity (Mason 1995) and being with friends is often more important than the sport itself (Harris 1995). Attitudes to participation in sport and exercise are heavily gendered, however. Secondary age schoolgirls tend to view sport participation as an activity for school rather than for their own leisure time (Coakley and White 1992; Mitchell 1997), and boyfriends can often have a negative influence on the sport and leisure activities of young women. Asian young women in particular experience parental restrictions that inhibit physical activity levels (Jones 1998).

A recent study by Mulvihill, Rivers and Aggleton (2000) of 11-15 year olds using more participatory methods revealed not dissimilar conclusions. Both genders acknowledge the long-term benefits of exercise on their overall health, with girls also making a clear link between weight control and exercise. Young women's freely chosen activities at school breaks and after school were sedentary compared to their male counterparts. Where girls did choose active leisure pursuits these involved dance and dance classes. School PE was regarded very differently by young men and women, the former having much more favourable impression of teachers and activities. Both young men and young women complained about a lack of privacy, with complaints that PE staff watched them change or picked on the less able students. A common complaint was that school PE involved compulsion and lack of choice. Outside school, girls expressed a dislike of mixed sex games activities and felt that more single sex sport opportunities should be offered for them at centres, offering the sort of sports they most enjoyed, e.g. trampolining, aerobics and dance. Dance was felt to be the most likely and energetic way of raising activity levels, but this particular age group felt 'caught in the middle', with youth club discos being patronised mainly by the younger children and commercial outlets being oriented largely towards over 18s. The authors' conclude, in somewhat despondent tone, that 'choosing an activity to promote to a particular sex or age group is therefore more like aiming at a moving target' (p198). At a more constructive level they conclude, echoing Harris (1995), that young people's levels of physical activity would be raised by approaches in school that respected their autonomy and privacy, and which promoted the sorts of activities that young people would be likely to take on into their out of school or post school lives.

We stretch this section to look at what literature tells us about young people's perspectives on their living, work and play environments, and the extent to which these are seen as contributing to or detracting from their health and wellbeing. The inclusion of this category may seem strange, but it is a category generated by young people themselves, and is probably one of the fields in which we have the most authentic accounts about young people's lives. The spaces in which young people live affect their ability to learn, to take exercise, to act autonomously, to socialise and make friends. Space and its use therefore have an indirect impact on young people's health and health behaviours.

Much has been written about the extent to which modern children's lives have become circumscribed by parental fears about the 'uncivil society' (Wyness 1994). Fears for children's safety from traffic, from paedophiles, from exposure to drug dealing and so on all contribute to a growing tendency for adults to restrict young people's movements and control their activities, often involving the substitution of organised clubs and activities in the place of informal play. In addition a litany of deviance has been constructed around the inappropriate behaviour of young people in public spaces (James and James 2001), resulting in calls for even closer parental supervision of young people. Whatever the cause, the independent mobility of young people is in decline, with young women and certain racial groups feeling particularly vulnerable, as studies by Hillman *et al* (1990) and Joshi *et al* (1995) have shown. Interestingly, Backett-Milburn *et al's* (2001) study reveals some difference between social classes in a recent Scottish sample, with children from less affluent families reporting more spontaneous outdoor play and more independent negotiation of physical and social environments.

Harden *et al* (2000) explored whether children's mental landscapes were inscribed with the same pattern of fears and concerns. Their sample included younger children falling outwith the age range under consideration here, but also a significant proportion of 11-14 year olds. The authors conclude that whilst young people's own assessment of risk did reflect dominant adult discourses, there was also evidence that young people were active in their own risk management. They perceived themselves to be more at risk than adults (and girls to be more at risk than boys). Some of the dangers identified by this cohort of young people involved older teenagers and the risks they represented in terms of their involvement with drinking and drugtaking. 'Hanging about' was itself seen as a dangerous activity by this age group. Dangerous places were not fixed but were continually being redefined. Thus some neighbourhoods were risky for some children, and city centre places, for instance, were safe at some times but clearly not at others.

Morrow's work (2000, 2001) has used a variety of innovative methods to explore a different aspect of young people's landscapes. Her work with 12 –15 year olds in the South East of England portrays well how often young people feel excluded from many areas in their own neighbourhood where noisy ball games or gatherings of young people are perceived as a public nuisance. Coles *et al* (2000) explored the tensions between young people and older residents on a number of social housing estates, many of them created by poor planning which had not taken into account the conflicting needs of the elderly and young people. Young people interviewed in

these settings expressed intense frustration at the low opinion of them held by older people and often felt like living up to the reputation.

'Hanging about', whilst seen as dangerous by younger groups of adolescents, and undesirable by adults, is construed by older groups of teenagers as a way of managing risk. Environments that would be hostile if entered on an individual basis are safe when approached and colonised in numbers (Jones 1998; Jones *et al* 2000; Matthews and Limb 2000). Percy-Smith and Matthews (2001) use young people's accounts to explore the 'geography of fear' that arises from the fact that bullying is routinely used in suburban areas to claim and reinforce territory. Coles *et al's* (2000) study showed how often young people were unable to use facilities near to their own housing estates because of the strong territorial feelings of themselves and of the young people in the immediate area of the facility.

Areas set aside for them to play, exercise or congregate, like recreation grounds, were – in their words – 'trampy places', where dog mess, dilapidated equipment and the danger from adults did not make these feel like safe or welcoming environments. Morrow concludes that young people are too often seen as a problem in urban areas and feels that urban planning has produced environments hostile to their needs. This form of social exclusion is seen by implication as having a negative impact on young people's self-respect and feelings of wellbeing. This finding is echoed in Jones *et al* (2000), where the comment is made that in all the locations where they interviewed young people, adults were seen as unresponsive to their needs for change in local environments.

Little wonder then that the street and especially the shopping mall become a major focus for young people's leisure lives. In such places, however, they are constantly under surveillance, frequently asked to move on (Matthews and Limb 2000). There is now a burgeoning literature on skateboarders and the way in which they confront and challenge systems of urban governance (e.g. Stratford 2002; Woolley and Johns 2001), but few solutions for how these sometime dazzling displays of athleticism can be harnessed to everyone's satisfaction in city and town environments.

If urban and suburban environments are routinely seen as hostile, what of those young people who live in rural areas? The notion of the rural idyll and of the countryside as the perfect place for children to grow up still seems to be reinforced in many studies. Francis (1999), for instance, undertook a study of 13-15 year old girls in England, a fifth of whom lived in small villages and scattered rural areas. They found that young people in the countryside were more likely than young people in other locations to perceive their local area in positive terms and as a safe place to grow and live, though this was not a qualitative study. Similarly, comparisons of access and mobility between urban and rural locations by Jones *et al* (2000) in the English Midlands suggest that at this age young people do feel safer away from the city and are more likely to travel alone, even after dark. Valentine's (1997) study on this theme was undertaken with parents rather than children and paints a more complex picture, but which ultimately supports the claim that village life is safer for their children, compared to life in urban areas.

There seems to be a significant shift, however, between safe childhoods and constrained adolescent lives in rural places. When young people get past the stage

of needing or wanting to be looked after by adults, the closeness and lack of anonymity in rural communities can feel disadvantageous.

Young people in rural areas often challenge the notion of the rural idyll, claiming that they feel dislocated and detached from local communities. A lack of provision of adequate services, particularly transport, heightens isolation, and many young people express the view that they are permanently under surveillance in such small communities (Matthews and Limb 2000; Garside et al 2002). The consequences of this for young people's mental wellbeing are discussed at greater length in a later section.

In order to be of utility to health promoters, such work possibly needs to be interpreted within the slightly broader frameworks adopted by writers such as Holloway and Valentine (2000), who discuss the way in which young people's identities are constituted in and shaped though particular spaces. Valentine (1996), for example, explores the contemporary 'othering' of children, the spatial restrictions imposed upon them by adults and the identification of 'correct' and 'incorrect childhoods. Such work highlights the need for health promotion to work positively with other agencies or professional groups such as urban planning departments and architects to help them factor in young people's needs in ways which will contribute to healthy lifestyles. Without this advocacy on behalf of young people, the policy response is often to become more punitive and controlling of young people's lives.

4. Smoking

The classic areas seen as problematic by adults in relation to the health of young people are health risk behaviours like smoking, drinking alcohol and drug taking. What evidence we have suggests that young people view these activities in a somewhat different light. They cannot help but be affected by the volume of red light messages that come at them from hoardings, in school PSE classes and from their parents and the media, but that is not to say that the construction they place upon them is the same as that intended by the originators.

Some of the most interesting work undertaken from young people's own perspective has been undertaken in the field of smoking research. By the age of 15, one third of girls are regular smokers, as are 28% of boys, figures that reflect a marked increase in smoking amongst teenagers in the last decade, and one which runs counter to the trend in the population as a whole (Denscombe 2001). What is driving young people to take up smoking? For many years, peer pressure was one of the favourite explanations, and one which became reflected in many a health education programme in schools. Lynn Michell's (1997a and b) painstaking study with 11 and 13 year olds in a West of Scotland setting showed how the older of these cohorts could consistently map the social groupings in their year and could identify and characterise different peer groups and their likely behaviours. Smoking was most likely among 'top girls', aiming to project a 'cool' image, amongst disillusioned and disenfranchised boys as part of a whole parcel of risky and anti-social behaviours, and also amongst some low status pupils who saw smoking as one way of gaining the credits that might win entry to the higher status groups. She found no evidence

of coercive peer pressure to smoke, but plenty of pressure exerted by the desire to fit into certain groups.

Michell herself argues that much of the literature gives an exaggerated salience to smoking in young people's lives. All her groups identified greater preoccupations. She felt that, for many, smoking was of no interest, and those who did smoke did so for reasons of identity and style. Such findings seem to be born out in more recent work reported by Lucas and Lloyd (1999). Their study with 11-16 year old girls in East Sussex showed that for smokers, the act of smoking was seen to be the passport to a fun loving, outgoing, non-conformist lifestyle. Non-smokers on the contrary saw smokers as demanding conformity (to smoking behaviour within the group), as predatory (on non-smokers) and active (in selecting places to smoke as a way of attracting boys). Non-smokers tended to describe themselves as 'quiet and sensible', a description that Michell's smokers would have deemed 'sad'. Young people's agency is evident in their decisions as to which peer groups to affiliate to. Lucas and Lloyd's non-smokers saw smoking as infectious, breaking out in groups, and they would actively avoid smoking groups.

Denscombe (2001b) feels that there is a significant proportion of young smokers who would like to stop smoking and that many do so of their own volition. His calls for more qualitative work to be done in this area already seem to have been met in some degree. Fast Forward's recent report (2002) of work with young people on smoking cessation shows an ambivalence amongst the community of young smokers to stopping. Many do worry about their level of smoking and utilise various means to reduce harm to themselves, but the perception of a lack of dedicated resource for young people in this field is marked in the interview data.

Denscombe (2001) has noted that much of the literature reviewing why young people smoke and why they find it so difficult to stop tends to portray them as victims (e.g. Oakley and Fullerton 1995; Stead *et al* 1996), either of external influences (peer pressure, family influences, social deprivation, the commercial interests of the tobacco industry) or of personal pathology (low self-esteem, low academic achievement, stress). In an attempt to rectify this view his qualitative study with 15-16 year olds in the East Midlands looked at the voluntaristic aspects of smoking, asking what personal benefits young people claim to get from smoking and why they willingly take up the practice in full knowledge of the risks they face. His interpretation of the results is nested in an analysis of the environment within which young people operate in late modernity. The chief characteristics of this environment are uncertainty surrounding self-identity and a far greater emphasis on agency over structure (Gray *et al* 1997). In other words old traditions and taboos are gone. The patterns of yesterday no longer necessarily help us plan the trajectory for tomorrow. Young people have to experiment and take risks, to make and take difficult decisions. The sheer complexity of modern society makes it likely that all of us occupy multiple roles and multiple identities, many of them transitory and experimental. In the case of young people these problems are particularly acute, trapped as they are for a period between child and adult status. He finds therefore from his data that smoking , for some young people , has a special part to play. Smoking may have value not only in terms of what it portray to others symbolically, but may also be valuable in terms of the reflexive construction of the self. In Denscombe's words (2001: 174): 'smoking says something about themselves to themselves'. Smoking makes young

people feel in control of their lives and special in some way. Being a smoker was seen to set them apart from the run-of-the-mill others, and to give a hint that they could live with risk where others couldn't.

5. Alcohol consumption

If smoking is seen by health promoters as being amongst the most negative and harmful behaviours in the long term, it is the issue of alcohol intake which promotes greater and more numerous moral panics in the popular media. This is because over-consumption of alcohol is associated with issues of social order and sexual indiscretion, as well as short and long term health.

Survey data on adolescent alcohol consumption is notoriously difficult to trust. Qualitative studies may help triangulate some of the accounts given in questionnaires and may also help us understand some of the meanings which young people themselves attach to drinking. For Dean (1990), producing what is still one of the few ethnographic studies of young people's drinking, the theme of personal autonomy withheld, which crops up elsewhere in this review, was strong. Young people's position at age 15-18, caught between childhood and adulthood, left them with the desire to experiment with the adult world (via alcohol), but with no legitimate means or locations in which to do so.

A cross national study of young people in rural areas of Scotland, Norway and Sweden looked at their perceptions of alcohol use (Kloep *et al* 2001), and found Scottish young people drinking much more heavily than their Scandinavian counterparts. Much of this study rested on a self-completion survey, but it was also accompanied by extensive focus group work with young people; only the latter is reported here. Reasons for drinking given by young people were no different from those that would be given by adults, e.g. for excitement and fun, to ease shyness, to aid relaxation and so on. To this is added the heavy symbolic power of alcohol to denote adult status. Young people saw themselves as living in 'drinking societies', and thus construed familiarisation with drinking practices as an inevitable and even desirable part of the transition to adulthood. These findings are mirrored in work by Pavis *et al* (1997) and by those in a recent consultation with young people (aged 9-19) carried out on behalf of the Scottish Executive by Save the Children (Potter 2002). This latter work showed that young people's knowledge about drink and its effects was high, but this was not a major disincentive. The youngest children in the sample associated alcohol use with breaking the law, but for older groups, the illegality of alcohol use was neither important, nor an effective barrier. Young people in this work claimed that they drank mainly in the streets and away from parental control, but disapproval by parents seemed to rank lowest in terms of their worries and concerns. The wide social acceptability of drinking amongst adults and the examples they were set by their elders were seen to undermine health education messages aimed at young people in particular. Whilst agreeing that they had had some very bad experiences (as did the young people in the Kloep *et al* study), these were seen as part of a necessary rite of passage. They were construed as an act of learning that had to be gone through in order to handle transition into an adult drinking world.

'Drinking to get drunk' or binge drinking was common amongst young people. Such activity, though recognised as dangerous and often disgusting, was seen to be supported tacitly by parents, who would often rather they were drunk than taking drugs (Shucksmith and Hendry 1996). It was also seen as being condoned by society at large which allowed the sale of alcopops, which approved increased access to alcohol and which celebrated the entrepreneurial character of cafes, clubs and pubs which sold alcohol in bulk and at discount to young people.

Pavis *et al* (1997) conclude, following a study of 106 young drinkers on the East coast of Scotland, that health promotion, to be effective in this sphere, must pay attention to the specific social contexts in which young people drink and the meanings they place on drinking. Young people's own recognition that they live in a 'wet society' and must learn the ropes, albeit painfully sometimes, perhaps ought to be recognised in a graduated approach to alcohol legislation. The fact that young people cannot drink legally in safe environments pushes them into street corner drinking, where they are infinitely less safe, and are likely to be exposed to drug taking for example.

6. Drug misuse

Quantitative studies seem to imply that young people are increasingly exposed to drugs and a drug taking culture, although it is also clear that there are major geographical variations in young people's exposure (Wibberley 1997). In addition, age profiles show dramatic swings in young people's orientation to drugs. It is common for children and younger teenagers to express strongly anti-drug sentiments whilst having little knowledge of or direct contact with the world of drugs (Hyde *et al* 2000). This appears to be the case even in areas where drug use is quite high. However, illegal drug use escalates during the middle teenage years and peaks in the late teens.

Much has been written and discussed about the 'normalisation of drug use' amongst young people, but Shiner and Newburn (1997) have been chief among the critics of this thesis, criticising survey methods for their use of lifetime measures (i.e. asking participants whether they had *ever* used drugs) in 'talking up' the problem. Their own qualitative study (of mostly 14-15 year olds, but with nearly a quarter aged 11-14) demonstrated that, irrespective of whether they had taken drugs or not, most young people held fairly conservative views on illegal drug use, akin to those of adults. This, they argued, demonstrated that illicit drug use was not widely perceived to be an acceptable practice by young people, though they warn against complacency on the drug issue.

Amongst young people who admitted taking drugs in this study, Shiner and Newburn note the use of 'neutralisation techniques' or mechanisms that permit drug use without feelings of guilt. Such findings confirm the earlier work of Coggans and McKellar (1994) which posited that peer pressure was often a convenient explanation rather than a real source of coercive pressure. Another neutralisation technique (Sykes and Matza 1957) is to claim that some substances are not really 'drugs'.

Something of this last point would seem to be afoot in an ethnographic study reported by Pavis and Cunningham-Burley (1999) of young men's street culture in a small coastal town in Scotland, in which cannabis was the main drug used, with some LSD and amphetamine. The taking of heroin or cocaine was seen by this group to be in a different league. For this group the function of drugs related to the experience gained from taking them, but also to the culture of storytelling which held the group together. Whilst passing time on the streets, young men would repeatedly discuss experiences (good and bad) of drug taking, and methods used. There was considerable status attached to knowledge and experience of different methods.

If drug taking was once construed as a problem of urban places where youths congregate on street corners some recent reports (e.g. Galt 1997) have begun to dispel this notion. Survey work reported by Barnard and Forsyth (Barnard and Forsyth 1998: Forsyth and Barnard 1999) implies that drug misuse is now common in the countryside, with the problem perhaps exacerbated by the visibility of young people in rural settings, and the difficulty of them accessing confidential services.

7. Sexual behaviour and sexuality

The difficulty of young people being allowed to express their autonomy and make choices for themselves is perhaps most problematic in relation to sexual behaviour and sexual health. In this domain the difficult boundary between child and adult seems more confused than ever. In the same way as young drinkers saw themselves making a transition into 'drinking societies' and felt that they must prepare themselves in appropriate ways, so many young people see themselves moving towards an adult world which is highly sexualised. Many aspects of this reach down to even our youngest children, with the clothing and music industries, for example, deliberately inducting young people into sexualised thinking and patterns of activity via provocative clothing and boy bands deliberately packaged for the pre-teen female.

At the same time, as a society, we occasionally break out into the most prurient expressions of alarm when young people are taught directly about sex at school. This limits the ways in which young people can be taught about sex, so for instance, discussion about 'safe sex' may be sanitised and limited to discussion of condom use. As Hillier *et al* (1998) point out, this leaves unnamed other ways of being sexual which are potentially available to young people. Exclusive focus on condoms as protections from STDs and pregnancy also 'overlooks the more proximal risk of a sullied reputation, which may be exacerbated through the process of obtaining condoms and, by association, planning for sex' (Hillier *et al* 1998: 16). The problems of protecting reputation may be even greater for young people living in rural areas with small populations, where it is harder for young people to protect their privacy and confidentiality.

We have talked in other sections about young people's autonomy, and risk-taking is often associated with autonomy. Sexual autonomy is a condition, however, which few young women achieve, since there are still expectations that women will be sexually naïve. The young women in Hillier *et al's* study confirm the difficulties they still face in negotiating condom use with their partners and in maintaining sexual

reputation in a rural environment. Faced with these difficulties their discussions reveal a range of alternative strategies, not least of which is convincing themselves that they are invulnerable, and also trusting in reputation, appearance or the quality of the relationship as a protection against disease. Safe sex methods based on informal sexual history taking (facilitated through gossip) were regarded therefore as providing reliable protection from STDs.

Mitchell and Wellings (1998) raise similar problems about power and autonomy in relationships in discussing young peoples' accounts of first sexual relationships. Much of the early qualitative work on this comes from a decade ago (Holland *et al* 1990; Wight 1992). These early studies exposed the fact that communication is difficult for young couples, and that the discourse of safe sex is at odds with cultural ideologies of romance and spontaneity. Mitchell and Welling's more recent investigation with 29 young people at four different locations in England confirms this theme. In their study young people spoke of many of the first sexual encounters taking place in silence, especially when first intercourse took place at a young age. The speed and silence of these events precludes negotiation about safer sexual practices or contraceptive use. The authors found the young men in the sample more prepared for first intercourse and more likely to carry condoms, and use this finding to suggest that it may be time for education campaigns to refocus towards young men rather than young women.

8. Mental wellbeing

A great deal more attention is now being paid to young people's mental health and wellbeing than was previously the case. Many psychological problems are reported to have their onset in adolescence. However, this is often characterised as a troubled and troubling time in the life course, and developmental models of adolescence have perhaps been responsible for the development of cavalier attitudes to young people's expressions of problems. Much of the literature in this area now stresses the need to listen seriously to young people's feelings of anxiety and upset, rather than brushing off their concerns as part of the predictable 'storm and stress' of the teenage years (Hendry and Reid 2000; Fuller *et al* 1999).

The work undertaken by Armstrong, Hill and Secker (1998;2000) as part of the Mental Health Foundation's 'Bright Futures' initiative is typical of this new approach to listening to young people's concerns about mental wellbeing. A qualitative study working with 145 young people aged 12-14 in Scotland found that young people did not use the same vocabulary as adults, having difficulty in understanding the term 'mental health'. Young people identified four main factors as contributing to their mental wellbeing, namely family and friends, having people to talk to, personal achievements and feeling good about themselves. The negative feelings they talked about related mostly to anger and sadness. It was normal for boys to see aggression as a way of resolving anger; girls on the other hand, did not talk about it, but did report instances of it privately in self-completion forms. Most young people expressed doubts about the confidential nature of conversations with adults. Young people from an ethnic minority subsample were more likely to see families as a source of support, and were more likely to be reluctant to discuss such issues outside family circles.

Hendry and Reid's study (2000) looked at the role of social relationships in maintaining mental wellbeing amongst a sample of Scottish adolescents living in rural areas. Young people in this study expressed concerns that included lack of self-confidence, worries about achievement, concerns related to interaction with others, problems in handling peer conflict and developing good friendships, and dealing with depression. At this period in their lives, young people's friends clearly act both as sources of stress and anxiety, but also as bulwarks and supports against such problems. Young people employed tactics to inoculate themselves against criticism or bullying, including deliberate conformity in dress and behaviour, even where this went against their desire to express individuality. The study concludes that young people need to be educated about depression and other illnesses, and young people themselves felt that schools should place more emphasis on emotional education.

Gender differences in the way in which young people use social relationships to help them cope are evident in a study of Glasgow teenagers reported by Gordon and Grant (1997). Asked to list things that make them happy, girls are much more likely to report friends, romance, families, people being nice to them. Boys' lists relate happiness mainly to sporting success. Girls also use friends as a sounding board for their troubles; boys are more likely to want to be left alone when upset. Similar gender differences are reported in an ESRC funded study by Fuller *et al* (1999), which used a variety of innovative research methods to explore the perceptions of problems held by 86 young people aged 13-14. Boys were again much more likely to confide in no one when troubled, whereas their female counterparts would turn to a friend or family member. This sample was stratified between those living at home and those living in residential care. The latter group were much more likely to try to cope with problems independently, whatever their gender, and to adopt extreme strategies for 'coping', e.g. running away, self-harm. Young people noted a number of problems in accessing formal agencies for help with 'mental problems', including ignorance of access routes to such services, perceptions that adults (e.g. GPs) were often too busy to deal with them, and lack of confidence in assurances of confidentiality.

The Bright Futures initiative (Mental Health Foundation 1999) identified a lack of community based provision for young people's mental health problems, alongside the fact that young people often fell between services intended for children and those for adults. Smith and Leon's work, arising out of this (2001), worked with a sample of young people who had experienced a mental health crisis. Few of the young people had foreseen their own crisis, many had found GPs unhelpful as gatekeepers to services, and many had benefited most strongly from peer based approaches. Many sought an active role in planning services for other young people, a function which the authors felt them well-equipped to perform.

There has been a traditional reluctance to pathologise and label young people's behaviour, a fact that is often in tension with young people's own desire to be taken seriously and not have their problems fobbed off as just another facet of adolescence. However, one area of growing diagnosis and treatment is that relating to Hyper Activity Attention Deficit disorder (ADHD), where the trend has been for what would once have been to diagnose and treat, creating what some have termed the 'Ritalin generation' from the medicine commonly prescribed to sufferers. There

have been many accounts from a variety of perspectives on this condition, but it was not until 1999 that Cooper and O'Shea published the first empirical study of the perceptions and attitudes of children with ADHD to their condition, its effects and their treatment. Their sample of five13-16 year olds and eleven 11-13 year olds demonstrated that there is an element of social constructionism in the diagnosis, that they did feel stigmatised by the label, but that it also in many cases brought relief and a freedom from guilt about past behaviours. Many of this group felt ambivalent about taking their medication –they talked about the unmedicated 'real me'.

The work described briefly above makes a significant contribution, but government reviews (Office for Public Health in Scotland 2000) note that we are still really on the starting blocks in relation to knowing how children and young people think about mental health issues.

Some interesting debates have arisen in recent qualitative work about the mental wellbeing of rural youth. There is much anecdotal evidence in both Ireland and Britain of high and increasing suicide rates among young men in rural areas (Laoire 2001), which has been linked in the literature with issues such as rural migration patterns and problems in defining rural masculinities amongst the 'stayers-on'. Most of the research on this topic has been done with older age groups, but little that relates to the top age segment under consideration in this review, even though by age 25, it is usually already clear in rural societies who is moving on and who is staying behind.

Some of these issues were addressed for younger age groups in the qualitative part of a study of rural youth undertaken in Scotland (Hendry *et al* 1998). A forthcoming paper (Glendinning *et al*, forthcoming) based on data from this same project makes clear how life in rural communities matters for young people's wellbeing. Data from focus group interviews (mainly with 15/16 year olds) shows clearly how young people in rural communities assess their future in relation to employment and education opportunities, and also how they feel about the nature of rural community. They characterised rural life as both close knit and caring, but also as intrusive and constraining. A recent programme of research for the Joseph Rowntree Foundation (see Storey and Brannen 2000; Pavis, Platt and Hubbard 2000; Cartmel and Furlong 2000; Rugg and Jones 2000) was reviewed by Shucksmith (2000). It showed that life can be problematic for many young people living in rural areas. Health was not addressed specifically in this programme of studies, though issues about young people's general wellbeing clearly do emerge. Many young people in rural areas experience feelings of loneliness (Pretty *et al* 1996), isolation and deprivation, a restricted peer group and limited leisure opportunities (National Youth Bureau 1990).

9. Discussion

The material collected and reviewed here is not complete or necessarily comprehensive, but it is hoped that sufficient material is presented to illustrate some of the overarching themes that seem to be present, even over such disparate topics.

When young people are given the opportunity to show what is salient for them in health terms, different topics may be prioritised. Even when the topics discussed

map onto the concerns of the parent or the health promoter, young people's ways of construing or interpreting those issues are often very different.

Very little evidence points to lack of knowledge on young people's part. The issue, as always, is the ways in which this information is neutralised by more powerful currents in young people's lives.

Many themes recur time and again in the accounts presented within the material reviewed here. A prime theme is young people's clear need to express control in their lives. This was seen to account, for instance, for young people's fascination with cheap and instant, fast foods. They allowed young people to feel that they had control over their own eating habits, and were thus seen as a way of demonstrating their independence (Watt and Sheiham 1997). The same themes emerge again in relation to smoking, to sexual behaviour, and to exercise. Our surveillance over young people and their lives continues to grow. In the past young people often lived out large parts of their lives away from the adult gaze. Now we impose constraints on their movement, areas become 'out of bounds and too dangerous' for many young people. Forced to congregate in urban spaces their behaviour is under surveillance from cameras and from largely hostile adults. They are almost never more than a mobile 'phone call away. It is then perhaps not so surprising that young people seek autonomy and freedom in little pockets of their lives.

Another theme that comes through strongly when young people's own voices are heard is their desire to be treated as individuals – an issue which becomes particularly problematic when the young person also falls into a stigmatised category, e.g. is disabled (Watson et al 1999). Many young people in the accounts reviewed here spoke of their cares and concerns being treated dismissively as classic problems of adolescence. Such treatment is patronising and homogenising, and a source of some resentment. Young people do lead very different lives, and this is often not reflected in media coverage of their activities. There is less excuse when researchers too make no effort to tease out the variations between the experiences of young people of different age groups, genders, ethnicities and so on, and it is particularly unhelpful when we are seeking to design interventions which will have a real impact. Qualitative studies of micro-social processes which access young people's own accounts without prejudice are needed here in many fields to add texture to our current knowledge.

Young people's demands to be heard as individuals may seem paradoxical in the face of that other prevailing need, namely the need to conform to the peer group. It is evident from young people's own accounts that dressing, acting and consuming like ones' peers is an important strategy of self-defence. It allows one not to be picked out or picked on. But young people are not sheep; within certain constraints they do exercise agency. Thus listening to their accounts allows one to challenge simplistic ideas about coercive peer pressure as a reason for the adoption of certain behaviours, and allows one to see instead the more complex pattering of identity alignment and choice.

Another theme which emerges is that of young people adopting certain behaviours as ways of trying on identities. The sheer complexity of late modern society implies a world where the self moves in and out of contact with a greater variety of people

more and more frequently. Allied to this is the notion of the 'fragmented self' – the constant 'I' at the core of the self, as Denscombe (2001) puts it, being displaced by the multiplicity of 'mes' established in relation to different referrent groups. Young people clearly utilise health-related behaviours as a vehicle for the trying on of new identities.

Such experimentation is particularly difficult in settings where young people feel highly visible. Throughout this review we have hinted at the fact that life may be very different for young people in rural areas compared to their urban counterparts. Idyllic rural childhoods turn into constrained and confining adolescence for many. Reputations are easily won or lost in small communities, and adolescent behaviour often provokes a very strong experience of 'otherness' at this time. Young people who experience problems or wish for health advice may find it difficult to access anonymous, or confidential help. The end of adolescence sees a divergence of routes for young people in rural areas. For many 'getting on' is equated with 'getting out'. For those who remain, issues of mental wellbeing seem paramount. There are relatively few studies that have looked at what it is like to grow up in the countryside in the UK *per se* (see Matthews, Taylor and Sherwood 2000), and, despite the very strong implications for health of these currents, almost no qualitative work using young people's own authentic voices, which focus specifically on health.

An omission in this review relates to young people as researchers. There have been efforts (often growing out of peer education schemes) to use peers as researchers. Some of the most useful exercise in this vein, for instance, have been carried out by Fast Forward, but some of the same reservations elaborated in elation to peer education (Milburn 1996) must also be rehearsed again in relation to peer research. Qualitative research of the type discussed here is not the easy option. It takes some courage as a researcher to allow one's subjects to set the agenda, for example, and to feel confident that one can tackle any subjects that subsequently arise, however sensitive. Because of this, many pieces of work carried out by young people acting as peer researchers are relatively 'controlled'. In addition, of course, many of these pieces of work remain unpublished except in in-house brochures and reports.

Many areas of young people's lives remain to be explored in an authentic qualitative way that brings out their own voices. This review has, we hope, helped to point to the relative paucity of work in many areas where children can be 'expert witnesses' on their own lives.

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